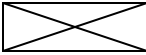


OFFICE USE ONLY
Received \$ _____
Check _____
Date _____ By _____

MAINE DEPARTMENT OF TRANSPORTATION
APPLICATION FOR
NON-REFLECTORIZED
OFFICIAL BUSINESS DIRECTIONAL SIGN PERMIT (S)

OFFICE USE ONLY
APPLICATION NO. _____
DATE _____

Business, Firm, or Corporation: _____ Tel. #: _____
Mailing Address: _____
City / Town: _____ State: _____ ZIP Code: _____
Contact Person: _____ Tel. #: _____
Applicant's Signature: _____ Date: _____
Sign (s) Location City / Town: _____ County: _____
Using sketch please give information to locate intersection:

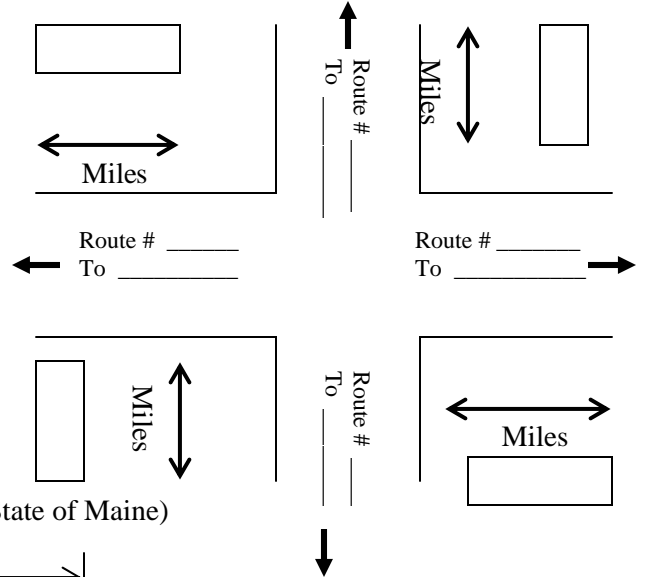
a. Check location desired thus: 

b. Circle number of signs required
at this intersection: 1 2

c. Insert Route # / Road names on sketch:

d. Insert distance and direction to facility
on line near sign block thus:

e. X out arrow, **which does not apply.** 



Fee: (\$ 15.00 per sign)

Checks must accompany application- (Make check payable to Treasurer, State of Maine)

10 CHARACTERS PER LINE / LOGO		
{ 14 CHARACTERS WITHOUT LOGO		
48"		
12"	Logo	Miles
11"	or 2 lines of print only	4"
4"	Miles	Logo
		11"

Applicant must insert legend and / or
logo desired at the left.

Logo Description: _____

DO NOT HAVE ANY SIGNS MADE UNTIL THE LOCATIONS HAVE BEEN APPROVED AND YOU HAVE RECEIVED THE NECESSARY SIGN PERMITS!
NOTE THAT MUNICIPAL APPROVAL IS REQUIRED IN THE SPACE PROVIDED PRIOR TO SUBMITTING APPLICATION.

MUNICIPAL APPROVAL: I certify that the sign applied for herein complies with local ordinances.

Restrictions: _____ By: _____
(Signature of Municipal Official) (Title) (Date)

DO NOT WRITE BELOW THIS LINE / OFFICE USE ONLY

MDOT APPROVAL: _____ **DATE:** _____ Exact location as follows:

No. 1. _____

No. 2. _____

NOT APPROVED: MDOT representative to state reason for non-approval on back of this form.

NOTICE: This application must be sent to: _____
FOR INFORMATION CALL 207-624-3611

Maine Department of Transportation
Attn: Traffic Division - OBDS
16 State House Station
Augusta, Me. 04330-0016